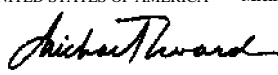


<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>4</b>				
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.												
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>												
1. CONTRACT/PURCH ORDER NO. <b>DAAH23-02-G-0008</b>		2. DELIVERY ORDER NO. <b>UB3W</b>		3. DATE OF ORDER (YYMMDD) <b>2003 NOV 04</b>		4. REQUISITION/PURCH REQUEST NO. <b>NPC03015000512</b>		5. PRIORITY <b>DOA1</b>				
6. ISSUED BY CODE <b>SP0700</b>  <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAAABAM (614)692-3307 / FAX: (614)693-1603 E-mail: Patti.Huff@dla.mil</b>				7. ADMINISTERED BY (If other than 6) CODE <b>S4418A</b>  <b>DCMA BELL HELICOPTER TEXTRON ATTN DCMDS-RBW PO BOX 1605 FT WORTH TEXAS 76101-1605</b>  <b>CRITICALITY: B</b>				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)				
9. CONTRACTOR CODE <b>97499</b>  <b>BELL HELICOPTER TEXTRON INC 600 E HURST BLVD HURST TX 76053</b>				FACILITY CODE <b>97499</b>		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>540 DAYS ARO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED				
NAME AND ADDRESS				12. DISCOUNT TERMS <b>NET 30 days</b>		13. MAIL INVOICES TO <b>See Block 15</b>						
14. SHIP TO CODE <b>See Schedule - Do Not Ship to Address in Block 6</b>				15. PAYMENT WILL BE MADE BY CODE <b>HQ0339</b>  <b>HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381</b>  <b>EFT: T</b>				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER				
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your <b>offer dated 2003 OCT 27, ER 112056-B REVISED 10/27/03</b> and furnish the following on terms specified herein. <b>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</b>												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  <b>CG: 97X4930 SCC0 001 26.0 S33150 97X4930 SCC0 001 22.1 S33150 (TRANS)</b>												
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		<b>Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>			<b>TOTAL: 16</b>							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA <b>Michael Ward</b> <b>PAAABA2</b> BY: 				25. TOTAL <b>\$ 78094.56</b>				
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED  DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE				
36. I certify this account is correct and proper for payment.  DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS				
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		

CONTINUATION SHEET	Order Number: DAAH23-02-G-0008-UB3W	PAGE 2	OF PAGES 4
<p data-bbox="235 239 597 300">Manufacture Facilities: 97499</p> <p data-bbox="282 336 711 428">BELL HELICOPTER TEXTRON INC 600 E HURST BLVD HURST TX 76053</p> <p data-bbox="77 497 485 522">BOA DAAH2302G0008 APPLIES.</p> <p data-bbox="77 560 816 585">RENT FREE FACILITIES PER DAAH2399E0003 APPLIES.</p> <p data-bbox="77 623 833 648">DELIVERY IS END OF THE MONTH FROM 18 MONTHS ARO.</p> <p data-bbox="77 686 1027 747">CERTIFIED COST OR PRICING DATA WAS NOT REQUIRED OR REQUESTED FAR 52.215-10 IS NOT APPLICABLE TO THIS DELIVERY ORDER.</p> <p data-bbox="77 785 1154 846">TOTAL PRICE FOR THIS CONTRACT IS BASED UPON QUOTE ER112056-B REVISED 10/27/03.</p>			

## CONTINUATION SHEET

Order Number:

DAAH23-02-G-0008-UB3W

PAGE OF PAGES

3

4

## SECTION B

PR NPC03015000512  
NSN 3020-00-529-1327

## ITEM DESCRIPTION:

GEAR, BEVEL.

CRITICAL APPLICATION ITEM

BELL HELICOPTER TEXTRON INC (97499) P/N 214-040-403-1

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	NPC03015000512	0001	16	EA	\$4880.91000	\$78094.56

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

## PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
QUP = 001: PRES MTHD = 33: CLNG/DRY = 1: PRESV MAT = XX:  
WRAP MAT = GB: CUSH/DUNN MAT = 00: CUSH/DUNN THKNESS = 0:  
UNIT CONT = D3: OPI = 0:  
INTRMDTE CONT = DO: INTRMDTE CONT QTY = AAA:  
PACK CODE = U:  
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.  
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.  
PALLETIZATION SHALL BE IN ACCORDANCE WITH DC1636P001 REV E  
DATED 3029  
SUPPLEMENTAL INSTRUCTIONS

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH  
MIL-STD-129 (LATEST REVISION) MARKING AND BAR  
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2005 APR 27

PARCEL POST ADDRESS:

CONTINUED ON NEXT PAGE

SECTION B

W25G1U  
XU TRANSPORTATION OFFICER  
DDSP NEW CUMBERLAND FACILITY  
BUILDING MISSION DOOR 113 134  
NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

W25G1U  
TRANSPORTATION OFFICER  
DDSP NEW CUMBERLAND FACILITY  
BUILDING MISSION DOOR 113-134  
NEW CUMBERLAND PA 17070-5001

NON-MILSTRIP  
PROJ

\* \* \* \* \*

REMIT PAYMENT TO:

BELL HELICOPTER TEXTRON INC  
PO BOX 482  
FORT WORTH TX 76101-0482

\* \* \* \* \*